

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

(1) Samuel Bishop.  
(Name of Plaintiff) (Inmate Number)

1181 Paddock, R.O. Smyrna, Del. 19977.  
(Complete Address with zip code)

(2) Iman R. Malik  
(Name of Plaintiff) (Inmate Number)

1181 Paddock RO Smyrna Del.  
(Complete Address with zip code) 19977

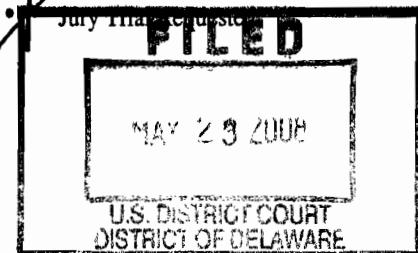
(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

vs.

(1) % Quierra Williams.  
(2) Sgt. Michael Newman.  
Deputy Pierce  
(3) \_\_\_\_\_  
(Names of Defendants)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

**CIVIL COMPLAINT**



**I. PREVIOUS LAWSUITS**

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

yes. all of my Legal marital  
was lost By. Prison Personnel.  
and Correctional. was lost. By.  
Confiscated Property And  
Inventory Property AND TRANSFER  
To Property Room

Bishop v. Redman, 94-630 Dismissed. 6, 27, 1995.

Bishop v. Dickson 99-172. Dismissed. 4, 18, 1999.

Bishop v. Hancock 95-229 Dismissed 10, 24, 1995.

Bishop v. Goodman 95-189. Dismissed 4, 22, 1994.

## II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes •• No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes •• No
- C. If your answer to "B" is Yes:

1. What steps did you take?

CONDITIONS OF CONFINEMENT  
GRIEVANCE COMPLAINT  
Physical Force against me a Prisoner

2. What was the result?

MY COMPLAINT IS  
STILL BEING INVESTIGATED

D. If your answer to "B" is No, explain why not:

Additional  
GRIEVANCE INFORMATION

## III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant:

Employed as

Mailing address with zip code:

% Quierra Williams.  
% at DCC  
Delaware Correctional Center  
1181 Paddock RD Smyrna, Del. 19977.

(2) Name of second defendant:

Employed as

Mailing address with zip code:

Sgt. Michael Newman.  
Sgt. at DCC  
Delaware Correctional Center  
1181 Paddock RD Smyrna Del. 19977.

(3) Name of third defendant:

Employed as

Mailing address with zip code:

WARDEN Deputy Pierce  
WARDEN at DCC  
1181 Paddock RD Smyrna  
Delaware. 19977

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

## IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. Prisoner Complaint. Which I'm alleged that Prison Personnel deprived me of my civil rights by Failing To disarm a Fellow Prisoner inmate. Who and while in their Custody after fellow
2. Prisoner had, in his Cell a homemade Knife and by Failing To restrain him. and Find him at the homemade Knife and Razor Blade without a handel. I was
3. assaulted had taken place on Date 1, 14, 08. allegation of a Complaint. STAFF See additional documents attach Supplemental pages. To the Complaint.

## V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. For Physical Harm. Pay The cost. of. \$ 50,000. Punitive damages. and Sentencing and Punishment. Deliberate Indifference. damage Pay. cost. \$ 50,000. and court cost.

2. For substantial risk of harm and condition  
of Confinement and Parole. and  
cruel and unusual punishment.  
A letter to be sent to my Judge.  
in Superior Court. Qualifying me  
for Relief.
3. Provide for Injunction for  
Protection and Relief, for serious  
injury to me, & disregard for harm.  
and required protection. officials pay  
cost of all. Harm done to me. entitled.  
all Related part to me.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_\_ day of 5, 22, 08.

Samuel Bishop

(Signature of Plaintiff 1)

\_\_\_\_\_  
(Signature of Plaintiff 2)

\_\_\_\_\_  
(Signature of Plaintiff 3)

U.S. DISTRICT COURT.

Mr. Samuel Bishop

0068049

1181 Paddock R.D.

Smyrna Del. 19977.

Civil Complaint.

% R. Wheelton.

% Michael Newman.

% R. Martin

% Quierra Williams.

% L.T. Smith

Sgt Peter Forbes.

L.T. Alisa ProFaci

WARDEN PERR PHELPS.

Place of Employment

and address. All are

Employed at THE Delaware  
Correctional Center. D.C.C.

1181 Paddock R.D.

Smyrna Del. 19977.

Phone. NO. 302-65-3-9261



DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Date: 04/29/2008

## GRIEVANCE REPORT

### OFFENDER GRIEVANCE INFORMATION

|                                     |                                                           |                       |
|-------------------------------------|-----------------------------------------------------------|-----------------------|
| Complainant Name : BISHOP, SAMUEL B | SBI# : 00068049                                           | Institution : DCC     |
| Grievance # : 157425                | Grievance Date : 04/16/2008                               | Category : Individual |
| Status : Non Grievable              | Resolution Status :                                       | Resol. Date :         |
| Grievance Type: Disciplinary        | Incident Date : 04/16/2008                                | Incident Time : 04:30 |
| IGC : Dutton, Matthew               | Housing Location : Bldg 19, Lower, Tier B, Cell 8, Single |                       |

### OFFENDER GRIEVANCE DETAILS

**Description of Complaint:** The prison deprive me of my liberty and my prisoners rights to safe and conditions and to security from attack by other inmate, I was deprive as a prisoner of my liberty and was retained after imprisonment I was assault by another inmate, and the prison did not conduct investigation of the assault of my disciplinary hearing. There was deliberate in difference and callpensatory, and my eight amendment rights was in results of prison officials disregards of conditions of confinement and to take measures to substantial measures to provide adequate treatment to the defendant. To be house with the SHU inmate the prison was on death row inmate and that were he should of been housed. Deliberate indifference on the part of prison officials disregards an excessive risk to me. On date of 1/14/08. Assaulted by another inmate in the MHU 22 C U12. The prison officials names new of the assault on outline of all of my complaints of the prison officials of confinement in the MHU 22 CU 12. the assault done to me by and other inmate all evident of assault ignored by prison officials and the inmate should of be housed in SNU counselors new of inmate risk of harmed of the inmate defendant might cause other inmates. C/O Quireea Williams, Sgt. Michael Newman, Deputy Warden Pierce, C/O R. Martin, Lt. Smith, Lt. Alisa Profaci, SLT. Peter Forbes, C/O roger Rainey, C/O Dutton, Warden Perry Phelps, STL. Peter Forbes complaint, disciplinary date of 1/14/08. Disciplinary no 1037378. Come to my cell in 18 shu shift supervisor. He did not put any of my witness on my behalf names: C/O Quirra Williams, C/O Sgt Michael Newman, Lt. Profaci Alisa C/O R. Martin and Lt. Smith inmate David celly and counsel requested was Mr. Tom Aiello and C/O pod officer R. Whealton front accuser. Lt. Alisa Profaci complaint. Disciplinary date of 1/14/08 disciplinary no 1037378. She came to MHU 22 C and took me to the hospital for treatment and took pictures of my injuries and took my statement and waited tell the Lt. Smith came to the hospital to took with me. Cuts all over my face and hands, lip and Lt. Profaci took pictures of me waited for nurse. Lt. Smith disciplinary No 1037378 complaint. Disciplinary date 1/14/08 disciplinary No 1037378. Lt. Smith came to MHU 22 C was cell by Sgt. Michael Newman. Lt. Smith came to the hospital I took with him and told him I had been assaulted by inmates James Riley and he came into my cell, when chow was called by C/O R. Whealton, I told him I as the inmate to live my cell and he wanted to fight me. Lt. Smith lift me and went to C tier for inmate James Riley and came back to talk with me again. C/O R. Martin complaint. Help C/O Sgt. Michael Newman to inventory my personal property that was confiscated from MHU 22 CU12. My GE Super II radio and headphones and half of my property was missing when I received then 1/28/08 SHU 19 BL 8. I put in a inmate grievance to committee one sheet was missing of my property sheet on date of 4/8/08 I had hearing on grievance. Civil rights by prisoner against a fellow prisoner. The prison personnel the commissioner of corrections and of the common wealth of Wilmington Delaware, the warden and Superintendent of Correctional institution based on the assault allegedly committed by a fellow prisoner, on date of 1/14/08. All allegations are of the complaint and all reasonable inferences of my civil rights, which alleging that prison personnel deprived me of my civil rights by failing to disarm and stop fellow prisoner while in their custody after fellow prisoner had in the prisoner a homemade knife shank a razor blade was found by guards on shakedown C/O Guards Sgt. Newman went to CU 9 and asked inmate James Riley to get dressed and cuff up inmate Riley was escorted to the interview room for holding. A shakedown of CU9 was conducted. During the shakedown a bloody E-crew glove. Because of length of grievance see original would not fit.

**Remedy Requested :** To have my case and complaint investigated by the request of the Warden Mr. Perry Phelps and Deputy Warden Pierce and Major Dave Holman. And the internal affairs unit Mr. Ronnie Drake, Director complaint and a memorandum to parties involved fourteenth Amendment right violation

FORM #584

GRIEVANCE FORMFACILITY: DCC DATE: 4, 16, 08GRIEVANT'S NAME: Samuel Bishop SBI#: 068049CASE#: \_\_\_\_\_ TIME OF INCIDENT: 4:30HOUSING UNIT: SHU-18 BL-8 Complaint MHP-22.C.BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES. Disciplinary No. 1037378.

THE PRISON deprive me of my liberty and my prisoners rights to safe and conditions and to security from attack by other inmate, I was deprive as a prisoner of my liberty and was retained after imprisonment I was assault by another inmate, and the prison did not conduct investigation of the assault of my Disciplinary Hearing. There was Deliberate Indifference, and compensatory, and my Eighth Amendment

ACTION REQUESTED BY GRIEVANT: To Have my Case and Complaint investigated by the Request of the warden Mr. PERRY PHELPS. AND Deputy warden Pierce AND Major Dave Holman. AND THE

GRIEVANT'S SIGNATURE: Samuel Bishop DATE: 4, 16, 08WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) No (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
GRIEVANT

FORM #584

GRIEVANCE FORM

2

FACILITY: DOC DATE: 4, 16, 08  
 GRIEVANT'S NAME: Samuel Bishop SBI#: 068049  
 CASE#: \_\_\_\_\_ TIME OF INCIDENT: 4:30  
 HOUSING UNIT: SHU 19 BL-8 Complaint

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES. Disciplinary NO. 1037378.

rights was in results of Prison officials  
disregards of conditions of confinement  
and to take measures to substantial  
measures to provide adequate treatment  
to the defendant. To be House with the  
SHU inmates. The Prison was on Death Row  
inmate. and that were He should of been  
Housed. Deliberate indifference on the part  
of prison officials. disregards an excessive  
risk to me. On Date of 1, 14, 08. I

ACTION REQUESTED BY GRIEVANT: INTERNAL Affairs Unit  
Mr. Ronnie Drake, Director. Complaint  
and a memorandum to all parties  
involved Fourteenth Amendment Right  
Violation and due Process of Law

GRIEVANT'S SIGNATURE: Samuel Bishop DATE: 4, 16, 08

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) No (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
 GRIEVANT



3.

FORM #584

## GRIEVANCE FORM

FACILITY: DCC DATE: 4, 16, 08  
 GRIEVANT'S NAME: Samuel Bishop SBI#: 068048  
 CASE#: \_\_\_\_\_ TIME OF INCIDENT: 4:30  
 HOUSING UNIT: SHU 19 BL-8 complaint.

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES. Disciplinary No. 1037378

assaulted by another inmate in the MHU 22C  
u12. The Prison officials. names. new of  
the assault. an outline of all of  
my complaints of the prison  
officials of confinement. in the  
MHU 22C u12. The assault done to  
me by and other inmate. all evidents of  
assault ignored by prison officials and  
the inmate should be housed in SHU.  
Counselors new of inmate risk of harmed of the inmate  
defendant. might cause other inmates.

ACTION REQUESTED BY GRIEVANT: Civil Rights Act based on a  
Violation of due Process Clause of Fourteenth  
Amendment 42. U.S.C.A 1983. A right to be  
secure in his person. I was deprived of liberty  
without due process of law. I was assaulted in a Detention  
Facility.

GRIEVANT'S SIGNATURE: Samuel Bishop DATE: 4, 16, 08

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) NO (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
 GRIEVANT

FORM #584

## GRIEVANCE FORM

4

FACILITY: OCC DATE: 4, 16, 08  
 GRIEVANT'S NAME: Samuel Bishop SBI#: 068049  
 CASE#: \_\_\_\_\_ TIME OF INCIDENT: 4:30  
 HOUSING UNIT: SHU. 1984-8 Complaint

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES. Disciplinary

|                              |                    |
|------------------------------|--------------------|
| <u>C/O Quierria Williams</u> | <u>No. 1037378</u> |
| <u>Sgt Michael Newman</u>    | <u>No 1037378</u>  |
| <u>Deputy Warden Pierce</u>  | <u>No 1037378</u>  |
| <u>C/O R. Martin</u>         | <u>No 1037378</u>  |
| <u>LT Smith</u>              | <u>No 1037378</u>  |
| <u>LT Alisa ProFaci</u>      | <u>No 1037378</u>  |
| <u>Sgt Peter Forbes</u>      | <u>No 1037378</u>  |
| <u>C/O Roger Ramey</u>       | <u>No 1037378</u>  |
| <u>C/O Lee Dutton Mathew</u> | <u>No 1037378</u>  |
| <u>WARDEN PERRY PHELPS</u>   | <u>No 1037378</u>  |

ACTION REQUESTED BY GRIEVANT: Not contacted by Hearing officer.  
I suffered personal injuries and deprivation  
of constitutional rights, among other reasons  
for my being in custody, and 15 days in  
detention. Causing loss of all FREEDOM SAFETY.

GRIEVANT'S SIGNATURE: Samuel Bishop DATE: 4, 16, 08

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) No (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
 GRIEVANT

FORM #584

## GRIEVANCE FORM

FACILITY: DCC DATE: 4, 16, 08  
 GRIEVANT'S NAME: Samuel Bishop SBI#: 068048  
 CASE#: \_\_\_\_\_ TIME OF INCIDENT: 4:30  
 HOUSING UNIT: SHU 19-B L-8 Complaint.

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES. Disciplinary No 10.37378.

SLT Peter Forbes. Complaint.  
DISCIPLINARY. Date of 1, 14, 08. disciplinary.  
NO. 1037378. Come to my cell in 18. SHU.  
Shift Supervisor. He did not. Put any  
of my witness on my behalf. Names.  
C/O Quierra Williams. C/O Sgt Michael Newman  
LT. Profau Alisa C/O R. Martin. and  
LT. Smith inmate David Celly. and.  
Counsel requested. was. Mr. Tom Aiello. and.  
C/O Pod. officer R. Wheaton. Frontfront accuser.

ACTION REQUESTED BY GRIEVANT: Find guilty of all violation.  
Shift Supervisor on the night of my assault.  
He did not put my frontfront accuser. and  
my witness requested on my notices. before my  
Disciplinary Hearing Date. 1, 14, 08.

GRIEVANT'S SIGNATURE: Samuel Bishop DATE: 4, 16, 08.

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) NO (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
 GRIEVANT



FORM #584

## GRIEVANCE FORM

FACILITY: DCC DATE: 4, 16, 08.  
GRIEVANT'S NAME: Samuel Bishop SBI#: 068088  
CASE#: \_\_\_\_\_ TIME OF INCIDENT: 4:30  
HOUSING UNIT: SHU. 19 B L-8 Complaint.

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES. Disciplinary 1037378.

LT A/isa Pro Faci Complaint.  
Disciplinary Note of 1, 14, 08 disciplinary  
NO. 1037378. She came to MHU. 22C. and  
Took me to the Hospital for treatment  
and took pictures of my injuries. and  
Took my statement. and waited till the  
LT Smith came to the Hospital to talk  
with me. Cuts all over my face and  
Hands. Lip and LT Pro Faci took  
Pictures of me. waited for nurse.

ACTION REQUESTED BY GRIEVANT:

She was at the Hospital  
MHU. 22C. To be investigated by the  
Institutional Investigator. She took pictures  
of my assault. by inmate. I was retained and  
sent to Build. 18. C. L-9. My ST to Back.

GRIEVANT'S SIGNATURE

Samuel Bishop

DATE:

4, 16, 08.

WAS AN INFORMAL RESOLUTION ACCEPTED?

\_\_\_\_ (YES)

NO (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
GRIEVANT



FORM #584

GRIEVANCE FORM

FACILITY: PCC DATE: 4/16/08  
 GRIEVANT'S NAME: Samuel Bishop SBI#: 068049  
 CASE#: \_\_\_\_\_ TIME OF INCIDENT: 4:30  
 HOUSING UNIT: SHU 19BL-8 Complaint.

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES. Disciplinary No. 1037378

L.T. Smith Complaint.  
Disciplinary Note 4/14/08 disciplinary  
No. 1037378. L.T. Smith came to MHU-22C.  
was call by Sgt. Michael NEWMEN. L.T. Smith  
came to the Hospital, I took with him and told  
him I had been assaulted by inmate James Riley  
and He came into my cell when Chow was  
called by C/O R. Wheaton, I told him I as the  
inmate to live my cell and He wanted to Fight me.  
L.T. Smith lift me and went to C. Tear. for inmate  
James Riley and come back to talk with me again.

ACTION REQUESTED BY GRIEVANT: lost of personal Property Returned.

I was deprived of my Civil Rights to  
have L.T. Smith as my Confront accuser and  
be a witness of my injuries at the Hospital.  
and my personal belongings Confiscated and lost  
Returned of all of my personal belongings.

GRIEVANT'S SIGNATURE: Samuel Bishop DATE: 4/16/08

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) No (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
 GRIEVANT

8.

FORM #584

## GRIEVANCE FORM

FACILITY: 10 CC DATE: 4, 16, 08  
 GRIEVANT'S NAME: Samuel Bishop SBI#: 068048  
 CASE#: \_\_\_\_\_ TIME OF INCIDENT: 4:30  
 HOUSING UNIT: SHU. 19-B-L-8 Complaint

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES. Disciplinary No. 1037378.

Yo R. Martin. Complaint.  
Help Yo Sgt. Michael Newman to inventory  
my personal property that was confiscated  
from MHU. 22 C. u. 12. My SLF Super II  
Radio and Headphones and Half of my  
property was missing. when I received them  
1, 28, 08. SHU. 19-B-L-8. I put in a inmate  
GRIEVANCE TO COMMITTEE. one sheet  
was missing of my property sheet. on  
Date of 4, 8, 08 I had a Hearing on Grievance.

ACTION REQUESTED BY GRIEVANT:

Give back all personal belonging  
that was. Inventory by Yo R. Martin. and the  
SLT. Peter Forbes. Check with STAFF to see  
if I had a Radio and. Headphones. and  
other personals. missing. Pay all cost. of \$238.56

GRIEVANT'S SIGNATURE: Samuel BishopDATE: 4, 16, 08.

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) NO (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

IF UNRESOLVED YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
 GRIEVANT

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FORM #584

GRIEVANCE FORM

FACILITY: DOC DATE: 4/16/08  
GRIEVANT'S NAME: Samuel Bishop SBI#: 068049  
CASE#: \_\_\_\_\_ TIME OF INCIDENT: 4:30  
HOUSING UNIT: SHU 1982-8 Complaint

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES. Disciplinary 10.37378

Civil rights by prisoner against a fellow prisoner. The Prison Personnel The Commissioner of Corrections and of the Commonwealth of Wilmington Delaware, the warden & Superintendent of Correctional institution. Based on the assault allegedly committed by a fellow prisoner, on date of 1/14/08. all Allegations are of the complaint and all reasonable inferences. of my.

ACTION REQUESTED BY GRIEVANT: An appeal Form Requested.  
I'm deprive of my Fourteenth amendment Rights. Cruel and unusual punishment. Retrain in the maximum security unit. Violation of charge not investigated by Commissioner or warden. I want an appeal Form 10A Requesting an appeal form.  
GRIEVANT'S SIGNATURE: Samuel Bishop DATE: 4/16/08

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) No (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
GRIEVANT



FORM #584

GRIEVANCE FORM

FACILITY: DOC DATE: 4, 16, 08  
 GRIEVANT'S NAME: Samuel SBI#: 068049  
 CASE#: \_\_\_\_\_ TIME OF INCIDENT: 4:30  
 HOUSING UNIT: SHU-19 BL-8 Complaint

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES. Disciplinary No. 1037378

Civil rights, which allegeing that prison personnel deprived me of my civil rights by failing to disarm and stop fellow prisoner while in their custody after fellow prisoner had in this prisoner a homemade Knife Shock. A Razor Blade was Found By Guards. on Shakedown. C/o Guards Sgt. Newman went to C.U. And Asked inmate James Riley to get Dressed And CUFF up. inmate Riley was Escorted to the

ACTION REQUESTED BY GRIEVANT: Counselor. New that inmate was in the SNU. For. Murder. James Riley. Defendant, per form another assault. and should Be disarm by Staff. Had a Shock a Razor Blade and CUFF me on my hand. If That. I want equal Protection of the Law. from Mr. James Riley. by courts or Institution Staff  
 GRIEVANT'S SIGNATURE: Samuel Bishop DATE: 4, 16, 08.

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) NO (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
 GRIEVANT



FORM #584

GRIEVANCE FORM

FACILITY: DOC DATE: 4, 16, 08  
 GRIEVANT'S NAME: Samuel Bishop SBI#: 068049  
 CASE#: \_\_\_\_\_ TIME OF INCIDENT: 430  
 HOUSING UNIT: SHU. 19B L8 Complaint.

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES. Disciplinary No 1037378

Interview Room For Holding. A Shakedown of Cui 9  
was conducted. During the Shakedown A  
Bloody E-Crew Glove. Bloody Yellow Doc  
Top with inmate Riley's I.D. Attached.  
Bloody Paperwork, And Razor with No  
Blade were Found. Disciplinary  
No. 1037378. Violation. A Shakedown of Cui 12  
was also done. During the Shakedown Another  
Bloody E-Crew Glove was Found And Bloody  
Sheets. All Evidence was Secured by 90 and Reported.

ACTION REQUESTED BY GRIEVANT: I was not giving a chance  
To appeal my case to the warden. Disciplinary  
Report was not mine. For 1, 14, 08. There  
was only a Shakedown done on me only.  
My cell was not a Health & Safety Fire Hazard.

GRIEVANT'S SIGNATURE: Samuel Bishop DATE: 4, 16, 08

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) No (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
 GRIEVANT

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FORM #584

## GRIEVANCE FORM

FACILITY: DOC DATE: 4/16/08  
 GRIEVANT'S NAME: Samuel Bishop SBI#: 068082  
 CASE#: \_\_\_\_\_ TIME OF INCIDENT: 4:30  
 HOUSING UNIT: SHU. 19BL-8

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES. Disciplinary No. 1037378

inmate Samuel Bishop was sent to SHU. 18L-9  
Isolation for 45 days. From 1/14/08 to Date  
of 1/28/08. Then move to Build. 19 SHU. 19L-8.  
on Date of 1/28/08. My Counselor Name in  
SHU. 19B. 15. Todd Kramer. He came to see  
and told me I lost Two Levels. Now I'm  
on Level 2. I had the Level 4. and  
gave me a treatment plan. and my next  
Classification is still in September 08.  
I am being deprived of my Civil Rights.

ACTION REQUESTED BY GRIEVANT: I lost my cell in SHU. 22.C. 112.  
I lost my Quality of Life Level 4. was taking  
and Classification I was down graded to Level 2.  
6 months in SHU. 19B. all Education taking.  
I want all my Status Returned. by Counselor.

GRIEVANT'S SIGNATURE: Samuel Bishop DATE: 4/16/08

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) NO (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
 GRIEVANT

Certificate of Service

I, Samuel Bishop hereby certify that I have served a true, and correct copy of the attached. IN the mail. a copy of. IN the OFFICE OF THE UNITED STATES DISTRICT COURT, and a copy to D.C.C. Correctional Center. Wilmi, Del. a complaint upon the following parties. persons.

Co Michael Newman.

Co R. Martin

Co Quierra Williams.

Deputy warden Pierce.

L.T. Smith

L.T. Alisa Profaci

Co I.D.C. Matthew Dutton

SLT. Peter Forbes.

Co Roger Roney

Warden. PERRY PHELPS.

SLT. SARGES. Hearing Officer.

ADDRESS IS AT THE  
DELAWARE CORRECTIONAL  
1181 Paddock RD

SMYRNA, Del. 19977.

THE ATTORNEY GENERAL  
JOSEPH P. BIDEN III  
STATE OF DELAWARE  
DEPARTMENT OF JUSTICE  
STATE OFFICE BUILDING  
820 N. FRENCH STREET  
WILMINGTON, DELAWARE  
19801-3508.

Date.

5, 22, 08.

Samuel Bishop

068049

1181 Paddock RD

SMYRNA, Del. 19977.

*Mr. Samuel B. App*  
VINE  
SBI# 068049 UNIT SH M-18 B.

DELAWARE CORRECTIONAL CENTER  
1181 PADDOCK ROAD  
SMYRNA, DELAWARE 19977



*TO OFFICE OF THE CLERK*  
*UNITED STATES DISTRICT COURT*  
*844 KING STREET*  
*WILMINGTON, DELAWARE*  
*19801*

*Legal Mail*